A&D HIGHLIGHTS

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Dr. Perry's Corner

Infant Mortality and Substance Abuse

According to the Centers for Disease Control and Prevention (CDC), infant mortality is an important indicator for comparing the health and well-being of populations. The infant mortality rate (IMR) is the rate at which babies die during the first year of life. Although there has been a steady decline in the U.S. over the past several decades, going from 26.0 deaths per 1,000 live births in 1960 to 6.9 deaths per 1,000 in 2000, there were still 28 countries which fared better, according the CDC. Our poor ranking is primarily due to the disparities that exist among various racial and ethnic populations in this country. These disparities are particularly evident among African-Americans. Infant mortality among African-Americans nationwide in 2000 occurred at a rate of 14.1 deaths per 1,000 live births, which is more than twice the national rate of 6.9.

"Freedom demands taking responsibility for ourselves and our children."

What factors contribute to IMR? How does Tennessee compare with national rates? And what changes can be implemented to achieve acceptable levels of improvements?

Pre-term deliveries and low birthweight contribute significantly to the majority of infant deaths. Low-birth weight is defined as babies weighing less than five pounds, eight ounces and affects almost one in every 13 babies born in the U.S. each year. In Tennessee, low birthweight babies accounted for 64.5 percent of all infant deaths in 2004 (from the Division of Health Statistics). Pre-term deliveries and low birth-weight are attributable to a variety of behaviors, lifestyles and conditions. By addressing these modifiable factors we will achieve more positive outcomes. Included among these modifiable risk factors are smoking, substance abuse (particularly alcohol use, but illicit drugs too), poor nutrition, poor maternal health, lack of prenatal care, as well as quality of medical care. The Bureau's focus is on the approximately 12 to 14 percent of pregnant women who consume alcohol identified by the Institute for Substance Abuse Treatment Evaluation. While it is a legal drug, it can be considered more serious in terms of prenatal impact than any other drug (e.g., cocaine, marijuana) in terms of the number of children affected and the number of documented health problems or system impairments.

Tennessee's infant mortality rates have consistently been worse than national rates, ranked 48th in 2005 by the United Health Foundation. In 2004, Tennessee's IMR exceeded the national rate by 30.3 percent (from the Division of Health Statistics). During that year, the IMR for African-American babies was 17.4 deaths per 1,000 live births compared to 6.4 per 1,000 live births among Caucasians. The Institute for Substance Abuse Treatment Evaluation (I-SATE) at the University of Memphis, conducted a seven-year study of pregnant clients receiving publicly-funded treatment in Tennessee. They found that in 2004, 58.8 percent of pregnant clients reported using marijuana, 51.5 percent used cocaine and 41.2 percent used alcohol. In addition, they found that Caucasians' abuse of amphetamines/methamphetamines or stimulants quadrupled from 1998 to 2004, while African-Americans consistently reported that cocaine was their substance of choice.

In their treatment outcome study from 2001 to 2004, I-SATE found significant declines in the abuse of all substances used by pregnant clients receiving treatment in Tennessee facilities. The rate of cocaine use, the most prevalent substance abused during pregnancy, dropped from 58.8 percent to 9.8 percent in 2001 to 2002, from 53.7 percent to 11.1 percent in 2002 to 2003 and from 67.9 percent to 11.3 percent in 2003 to 2004. Residential and intensive outpatient treatments were the most common treatment modalities attended by pregnant women.

I-SATE's research found that while abuse of marijuana dropped, alcohol proved to be the most challenging for

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TENNESSEE Bureau of Alcohol & Drug Abuse Services

Our Vision: "A future where Tennessee is substance abuse free and our children are safe!"

All About Updates

ATR

Access to Recovery (ATR) continues to succeed across the state of Tennessee. We have served over 2000 consumers through a voucher-based program. Our provider network has grown to a total of seventy-seven agencies, twenty-nine of which are faith-based organizations. This allows consumers a broad choice in where they can go for help.

In January 2006, we added 16 new services including Pastoral Support, Family Support and Respite Care. These services, when combined with all other voucher services, will allow Tennesseans to engage in a diverse array of clinical and recovery support services for longer periods of time, thus insuring improved outcomes.

As a result of the implementation of our web-based reporting system in December 2005, providers can conduct ATR business using the internet. This allows them to increase their consumer capacity.

For more information about Tennessee Access to Recovery, please visit http://www2.state.tn.us/health/A&D/ATR/index.htm or e-mail ATR.info@state.tn.us. ATR can be reached via telephone at 1-866-358-4ATR (4287).

Problem Gambling Initiative

Compulsive gambling is a significant public health problem, associated with financial ruin, suicide, alcohol and drug addiction, criminal activity and incarceration. Problem gambling, long considered a hidden addiction, requires great effort to inform and educate individuals, families, providers, and the community about the extent of the problem and the need for treatment services.

In an effort to address the consequences associated with problem gambling in Tennessee, the Bureau of Alcohol and Drug Abuse Services began a Problem Gambling Initiative in June 2005. Problem gambling, long considered a hidden addiction, requires great effort to inform and educate individuals, families, providers and the community about the extent of the problem and the need for treatment services.

The Bureau has awarded contracts to four agencies to provide problem gambling treatment, information and referral services, with special attention to outreach. Helen Ross McNabb Center in Knoxville, Buffalo Valley in Hohenwald and the University of Memphis Gambling Clinic in Memphis provide outreach and outpatient treatment services, while the Tennessee Association of Alcohol, Drug & Other Addiction Services (TAADAS), through its Clearinghouse and the REDLINE referral line, maintains a current database of providers in Tennessee and referral services, as well as disseminates information about gambling to those who suffer from addiction, treatment professionals and policy makers. In addition, I-SATE is conducting outcome studies. Through these studies, the Bureau will gain insight into the effectiveness of our outreach efforts and treatment services. For more information, call the REDLINE at 1-800-889-9789.

TN-WITS

In December 2005, Tennessee Access to Recovery (ATR) officially transitioned from a paper-based voucher system to a web-based reporting system. The ATR web-based system, known as TN-WITS, has dramatically increased providers' ability to serve those struggling with addiction, allowing for real-time data entry. Trained providers may enroll consumers, request vouchers and bill for any services delivered by using the online program. TN-WITS offers tools to allow providers to better manage their day to day Access to Recovery business. Providers attend a full day of training to learn all the various functions of TNWITS. As of March, all existing ATR providers have been trained on using the system.

Dr. Perry's Corner

Infant Mortality and Substance Abuse

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pregnant clients. Women in this category reported the least reduction in use from admission to the six-month follow up. Still, the reported declines in use were impressive from 35.3 percent to 11.8 percent in 2001 to 2002, from 42.6 percent to 11.1 percent in 2002 to 2003 and from 34.0 percent to 7.5 percent in 2003 to 2004. From 2001 to 2004, approximately two-thirds of pregnant clients completed treatment and more than 75 percent abstained from alcohol use six months following admission in Tennessee each year.

Many public health interventions and policies that have been developed to improve birth outcomes have focused on reducing maternal use of tobacco, alcohol and illicit drugs. While there have been some improvements, much more needs to be done to narrow the gap of disparities that exist among African-Americans. The focus must not only be limited to maternal substance use, but also address the issue of substance use across the entire life course, beginning with preventive education in childhood, public education and media campaigns during the reproductive ages, prenatal education during the prenatal period and cessation and treatment programs when required followed by pediatric interventions during the postpartum period.

A multidisciplinary approach and multisectoral actions are necessary in order to reach the objectives set by Healthy People 2010 to reduce infant deaths to 4.5 per 1,000 live births.

Governor Phil Bredesen and Shelby County Mayor A C Wharton hosted an *Infant Mortality Summit* in Memphis April 21. The Summit provided a forum for interaction between state and community leaders to develop a plan to reduce infant mortality. Approximately 200 participants attended representing organizations, agencies and groups who are committed to reducing infant mortality.

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In the Spotlight

Tennessee Adolescent Coordination of Treatment (T-ACT) Project

Nancy R. Reed, Project Coordinator

The Tennessee Adolescent Coordination of Treatment (T-ACT) project's mission is to coordinate and promote effective services related to prevention, screening, treatment and recovery for adolescents with substance use/abuse problems. The T-ACT project is funded through a three-year infrastructure grant from SAMHSA and the Center for Substance Abuse Treatment (CSAT). The main emphasis is adolescent (ages 10 to 19) substance abuse treatment.

The Governor's Office of Children's Care Coordination (GOCCC) oversees the grant's implementation, which totals $1.2 million ($400,000 annually beginning in August 2005). The grant funds two full time positions, a project coordinator and statistical research specialist and six part-time state liaison positions in Department of Children's Services, Department of Education, Department of Health, Department of Human Services and Tennessee Department of Mental Health and Developmental Disabilities.

The T-ACT project has strong process and outcome evaluation components through a contract with Vanderbilt University. Robert Saunders leads the evaluation and Craig Anne Heflinger serves as a consultant.

Goals of the T-ACT Project include:

- Building statewide coordination among agencies, counties and regions.
- Enhancing cooperation among agencies, provider organizations, advocacy groups and youth and families to provide clinically-beneficial services.
- Incorporating effective and evidence-based best practices into clinical practice standards and staff training.
- Promoting standardized process and outcome data on youth and services along with performance indicators to monitor system functioning.

The T-ACT project has established a Project Advisory Board with approximately 38 members who meet quarterly. Additional board members, particularly those who can represent the interests of youth, families and faith-based communities, are being recruited. For more information, contact Nancy Reed (phone: (615) 741-5714; email Nancy.R.Reed@state.tn.us).

Underage Drinking in Tennessee: A $1.3 billion per year problem

Society pays a high cost for underage drinking: $1.3 billion in Tennessee alone (see table below). The largest economic impact by far involves youth violence which cost $757.7 million, followed by traffic crashes at $297.8 million.

Problem	Cost (in millions)
Violence	$757.7
Traffic crashes	$297.8
High-risk sexual activity	$93.4
Property crimes	$74.1
Injuries	$40.5
Poisonings & Psychoses	$13.3
FAS *among mothers	$18.4
Alcohol Treatment	$9.8
Total	$1,305

* FAS = Fetal Alcohol Syndrome

(from the Pacific Institute for Research and Evaluation)

The pain and suffering caused by underage drinking takes a toll that is completely preventable. Think of the accidents, homicides, suicides, sexual assaults, date rapes, traffic deaths and numerous health consequences, including high rates of disability to victims and the perpetrators that never had to happen. Underage drinking must be addressed by all of society; not only must parents, teachers, peers, law enforcement officers, legislators, clergy and health professionals become advocates for youth, but even members of the alcohol industry itself must take responsibility for ensuring that this problem does not continue to plague society.

There's no question that the alcohol industry utilizes aggressive advertising and marketing campaigns to lure kids to a lifestyle that's portrayed as fun, glamorous and sexy. Statistics show that this tactic works and that it is attracting kids at a much younger age than a generation ago. According to SAMHSA, "Alcohol is the most commonly used illicit substance among youths aged 12 to 17." This significant part of the environmental influence surrounding underage drinking from the alcohol industry can and must be stopped. The questions we must ask ourselves is how much of the $1.31 billion are we as a society, and more importantly as individuals, willing to pay, or how much time are we willing to devote to eliminating the cost of underage drinking in Tennessee?

The Bureau has funded 16 coalitions that sponsored Town Hall Meetings and other events in March to raise awareness about the dangers of underage drinking. These events were designed to:

- Draw attention to April as Alcohol Awareness Month.
- Launch the SAMHSA sponsored schoolbased educational program *Reach Out Now* – Teach-ins.
- Solidify support from local communities to assist in our efforts to address the problem of alcohol use among teens.

TENNESSEE
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THE SUMMIT: TENNESSEE'S ADVANCED SCHOOL ON ADDICTIONS
MAY 29 - June 2, 2006
RELATIONSHIPS IN RECOVERY

Now in its 29th year, The Summit: Tennessee Advanced School On Addiction (TASA), makes available an expert faculty to address cutting edge issues and techniques in the field of addictions and brings societal issues into focus through workshops, such as methamphetamine treatment, cultural competency to prevent and treat addiction and linking the faith community into partnership. This year's theme, "Relationships In Recovery," reflects the theme of sponsored workshops and featured speakers. The morning plenary topics include "Compassion Fatigue," "The Myth of the Barbie Doll and the Man of Steel" and "Methamphetamine: Etiology & Physiology of an Epidemic." Featured motivational speaker Milton Creaugh will present "Do You Want It?" to attendees on Thursday, June 1. For more information or to register, contact Jay Jana (615) 741-8520.

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